

The Banks – Phase 1 – Public Infrastructure Development Parking Garage and Street Grid Monthly Employee Information Report

Contractor Name:	Contract Value \$:	Contract #:	Project #:
Date Submitted:	Reporting Dates: From _____ To _____		
Contact Person:	Business Status: (Circle all that apply) *Banks SBE MBE WBE		
Contractor Address/:	Federal Tax ID (FTID) Number:		
City/State/Zip:			County:
Telephone Number:	Email:		
Trade Contract Description:			

Employee Information Form

Employee Name	Minority Yes	No	Female Yes	No	Full-/Part-Time (FT or PT)	Home Address	Telephone	Email Address (If Available)	Job Category

*Banks SBE – SBE certified for the Banks Project by the City of Cincinnati

The undersigned certifies that the information recorded above is correct, and that each of the representations set forth above is true. The undersigned further acknowledges that any misrepresentation hereon may result in termination of contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

Contractor Representative: _____ **Title:** _____ **Date:** _____